



WOMEN'S HEALTH GUIDE

When Standing Up Makes Your Heart Race (It's Not Anxiety)

The guide for the woman whose heart pounds every time she stands, whose doctors say it's stress, and who knows something else is going on.

Tests to Request

Print this page or take a photo of it to bring to your provider. These tests can help confirm or rule out POTS and identify underlying causes.

Tilt table test



The gold standard diagnostic test for POTS; measures heart rate and blood pressure response to upright posture.

NASA lean test (in-office standing test)



A practical alternative to tilt table testing; tracks heart rate and blood pressure while lying, standing, and leaning for up to ten minutes.

Basic metabolic panel and complete blood count



Rules out dehydration, electrolyte imbalances, anemia, or infection that could mimic or worsen POTS.

Serum ferritin and iron panel



Low iron stores can cause fatigue, shortness of breath, and heart palpitations that overlap with POTS symptoms.

Vitamin B12 and vitamin D levels



Deficiencies in B12 can cause neuropathy and autonomic symptoms; low vitamin D is linked to fatigue and immune dysfunction.

Thyroid panel (TSH, free T4, free T3)



Hyperthyroidism can cause tachycardia and weight loss that mimics POTS, while hypothyroidism can contribute to fatigue.

24-hour Holter monitor or event monitor



Records heart rhythm over time to rule out arrhythmias that could cause a racing heart.

Echocardiogram



Evaluates heart structure and function to rule out structural heart disease that could cause palpitations or exercise intolerance.

Autoimmune panel (ANA, ESR, CRP)



Screens for underlying autoimmune conditions like lupus or Sjogren's syndrome that are associated with POTS.

Referral to a dysautonomia specialist or POTS clinic



A specialist can offer advanced diagnostic testing and tailored treatment plans that general providers may not be equipped to manage.

Small fiber neuropathy skin biopsy (if indicated)



Detects damage to small nerve fibers, which can cause autonomic symptoms and is common in some forms of POTS.

Serum tryptase or other mast cell markers (if MCAS is suspected)

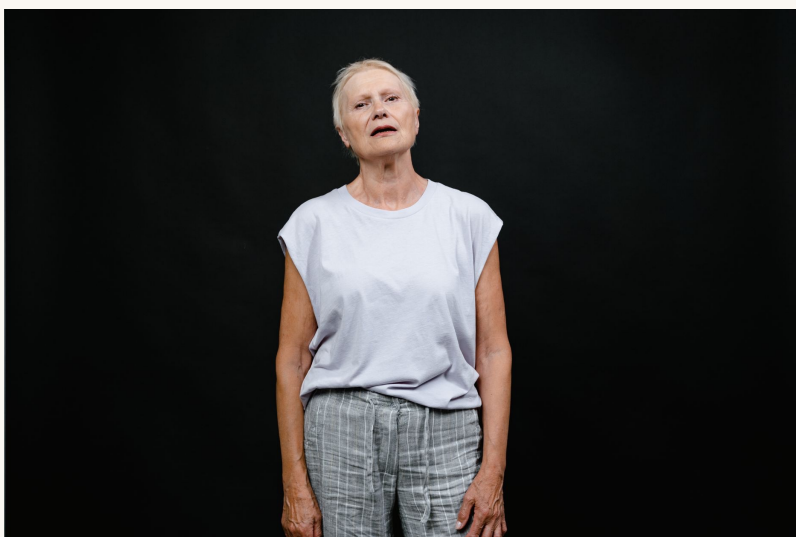


Elevated tryptase can indicate mast cell activation syndrome, a condition that often co-occurs with POTS.

You can ask for any of these by name. If a provider declines, you can ask for the reason to be noted, or request a referral to someone who will look further.

This guide will teach you what POTS actually is, how it differs from anxiety, the simple at-home check you can do right now, and the concrete steps to get the right diagnosis and care. You will learn the strategies that help many women manage symptoms day to day, and how to walk into your next appointment armed with evidence.

What POTS Actually Is (And Why It Gets Called Anxiety)



POTS stands for postural orthostatic tachycardia syndrome. In plain language, it means that when you stand up, your heart rate jumps significantly higher than it should, often within the first ten minutes of standing. Many women describe it as feeling like their heart is racing or pounding the moment they get out of bed, step off a curb, or simply stand still in a line. The body fails to properly constrict blood vessels in the legs when you stand, so blood pools in the lower body and the heart has to beat faster to keep blood flowing to the brain.

This mechanism is the reason POTS is so frequently mistaken for anxiety. A racing heart, shortness of breath, and lightheadedness are also symptoms of a panic attack. But there is a key difference: POTS symptoms are triggered by a change in posture, not by a thought or a stressful situation. You can be perfectly calm, sitting on the couch scrolling your phone, stand up to get water, and suddenly feel like you just ran a sprint. That is the hallmark.

Many women with POTS have been told they have anxiety or panic disorder before ever getting a proper workup. The experience of being dismissed is so common that it is practically a diagnostic criterion for the condition. One study found that women with POTS wait an average of four to six years for a correct diagnosis. That delay is not because the condition is rare. It is because the symptoms overlap with conditions that are more familiar to many providers, and because the medical system has a long history of attributing physical symptoms in women to emotional causes.

Understanding the mechanism changes everything. Once you know that your body is not properly moving

blood upward when you stand, you can stop blaming yourself. You can stop wondering if you are just anxious or out of shape. You can begin looking for the real cause. And you can start using strategies that actually address the blood flow problem, not a nonexistent anxiety disorder.

KEY TAKEAWAYS

- ✓ POTS is a heart rate spike upon standing, not a mental health condition.
- ✓ Anxiety is triggered by thoughts or stress; POTS is triggered by posture change.
- ✓ Many women wait years for a correct diagnosis because providers misattribute symptoms.
- ✓ Understanding the mechanism helps you stop blaming yourself and start finding real solutions.



The Key Distinction

Ask yourself: Does my heart race when I am sitting still and calm, or does it only happen when I stand up or change position? That one question can separate POTS from anxiety.

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What Is Happening in Your Body When You Stand



When you stand up, gravity pulls about 500 to 700 milliliters of blood down into your lower body. In a healthy nervous system, blood vessels in the legs constrict within seconds, pushing that blood back up toward the heart and brain. Your heart rate may increase slightly, typically by 10 to 20 beats per minute, and then settles. This all happens without you noticing.

In POTS, that automatic constriction does not happen properly. The blood vessels in the legs remain too relaxed, so blood pools in the calves and thighs. The heart, sensing that less blood is returning, starts

beating faster to compensate. It can jump 30, 40, or even 50 beats per minute or more within the first ten minutes of standing. The brain is not getting enough blood, which is why you feel lightheaded, foggy, or like you might faint.

The autonomic nervous system controls this process. POTS is a form of dysautonomia, which means the autonomic nervous system is not regulating automatic functions like heart rate, blood pressure, and digestion the way it should. For many women, this dysregulation shows up after a trigger: a viral illness like mononucleosis or COVID-19, a pregnancy, a surgery, or a concussion. For others, it develops gradually with no clear trigger.

This is not a heart problem in the traditional sense. Your heart structure is likely normal. The problem is in the signaling system that tells your blood vessels what to do when you change position. That distinction matters because it means the treatment approach is different from treating a heart condition. It also means that many standard heart tests, like an echocardiogram or a resting EKG, will come back normal. That is normal for POTS, not proof that nothing is wrong.

KEY TAKEAWAYS

- ✓ POTS is a problem with blood vessel constriction upon standing, not a heart defect.
- ✓ Blood pools in the legs, and the heart races to compensate.
- ✓ POTS is a form of dysautonomia, a nervous system regulation disorder.
- ✓ Common triggers include viral illness, pregnancy, surgery, or concussion.
- ✓ Standard heart tests often look normal in POTS.



The Standing Test

Check your heart rate lying down after five minutes of rest. Then stand and check it again at 2, 5, and 10 minutes. A sustained increase of 30 beats per minute or more (40 for teens) within 10 minutes of standing is the hallmark of POTS. Record your results for your provider.

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The Full Symptom Picture (Beyond the Racing Heart)



While a racing heart on standing is the defining feature, POTS affects far more than your pulse. Many women describe feeling profoundly exhausted, as if their body is running a marathon just from standing up to brush their teeth. This fatigue is different from being tired. It is a bone-deep, crushing exhaustion that does not improve with sleep. Brain fog is another hallmark: difficulty concentrating, forgetting words, feeling like you are thinking through molasses.

Lightheadedness and near-fainting are common, especially in warm environments, after meals, or during a hot shower. Some women do faint, but many more experience presyncope, the sensation that you are about to faint without actually losing consciousness. Nausea, bloating, and digestive issues are frequent because the autonomic nervous system also controls digestion. Blood flow is diverted away from the gut, leading to slow digestion and discomfort.

Exercise intolerance is a major and underrecognized symptom. Many women with POTS find that any physical exertion, even a short walk, leaves them wiped out for hours or days. This is often mistaken for deconditioning, but it is actually a physiological response: the heart cannot keep up with the demands of exercise when blood is pooling in the legs. Headaches, especially the kind that feel worse when you are upright, are common. So are cold hands and feet, tremulousness, and visual changes like tunnel vision or seeing spots when you stand.

What many women do not realize is that POTS symptoms can fluctuate wildly from day to day and even hour to hour. You might feel relatively fine lying in bed in the morning, then feel terrible after breakfast. You might have a good week and then a crash after a minor illness or a poor night of sleep. This variability is part of the condition and does not mean you are making it up. It is the body struggling to regulate fluid volume and blood flow in response to many inputs.

KEY TAKEAWAYS

- ✓ POTS causes profound fatigue, brain fog, and exercise intolerance beyond the racing heart.
- ✓ Digestive issues, headaches, and temperature dysregulation are common.
- ✓ Symptoms can fluctuate day to day and hour to hour.
- ✓ Near-fainting (presyncope) is more common than actual fainting.
- ✓ Symptom variability is real, not a sign that nothing is wrong.

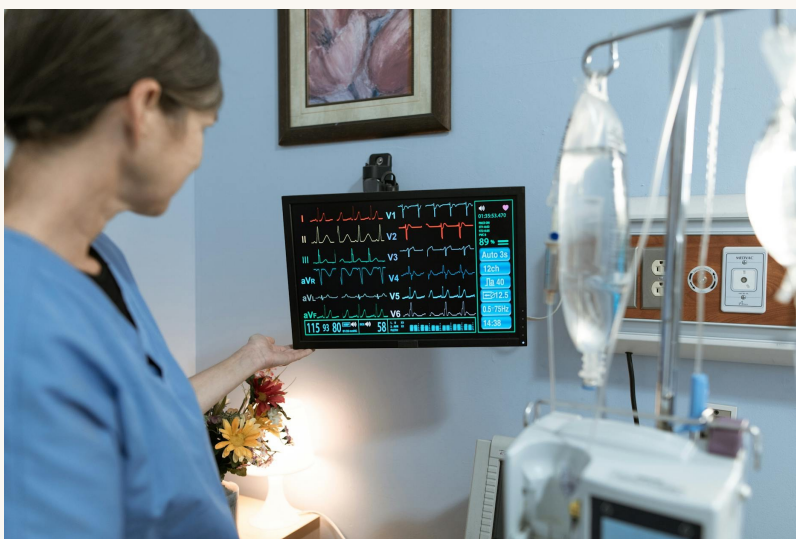


Track Your Triggers

Many women with POTS notice symptoms worsen with heat, dehydration, large meals, or alcohol. Keep a simple log of when symptoms spike and what you were doing. You may spot a pattern.

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How POTS Differs From Other Conditions It Mimics



POTS is most often confused with anxiety, panic disorder, and inappropriate sinus tachycardia. The key difference with anxiety is the trigger. Anxiety and panic attacks typically arise from a thought, a fear, or a stressful situation. They come with feelings of dread or a sense of losing control. POTS symptoms arise from standing up, regardless of your emotional state. If your heart races every time you get out of a chair but you are calm when sitting, that points away from anxiety.

Inappropriate sinus tachycardia (IST) is a related condition in which the heart rate is elevated at rest and increases excessively with minimal exertion, not just with standing. The two conditions can overlap, but IST

does not require a postural trigger. Your provider can help distinguish them with a heart rate monitor worn for 24 to 48 hours, which shows when the rate spikes.

Dehydration, anemia, and thyroid disorders can also cause a fast heart rate on standing. That is why a thorough workup is essential. Low iron levels or an overactive thyroid can mimic POTS symptoms. Treating the underlying cause may resolve the tachycardia entirely. POTS is a diagnosis of exclusion, which means your provider will rule out these other causes first.

Chronic fatigue syndrome and fibromyalgia share many symptoms with POTS, including fatigue, brain fog, and exercise intolerance. Some women have both conditions. The distinguishing factor is the heart rate response to standing. If your heart rate jumps significantly when you stand, POTS is likely a key part of your picture. If you have fatigue but a normal heart rate response, the cause may be different. A proper tilt table test or a poor man's tilt table test (the at-home standing check done in a clinic) can clarify.

KEY TAKEAWAYS

- ✓ POTS is triggered by posture; anxiety is triggered by thoughts or stress.
- ✓ Inappropriate sinus tachycardia causes a high heart rate at rest, not just on standing.
- ✓ Dehydration, anemia, and thyroid disorders must be ruled out first.
- ✓ Chronic fatigue syndrome and fibromyalgia can overlap, but a heart rate check on standing helps distinguish them.
- ✓ POTS is a diagnosis of exclusion after other causes are eliminated.



Ask Your Provider

"Could we check my iron, ferritin, and thyroid before we attribute these symptoms to anxiety?" This simple question can rule out two common mimics.

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How to Get the Right Diagnosis (The Tests That Matter)



The gold standard for diagnosing POTS is a tilt table test, though many clinicians use a less formal active stand test in the office. In a tilt table test, you lie flat on a table that slowly tilts you upright while your heart rate and blood pressure are continuously monitored. The test measures exactly how your body responds to the change in position. It can be uncomfortable, but it provides clear data. If your heart rate increases by 30 beats per minute or more within ten minutes of being tilted upright, and if your blood pressure does not drop significantly, the diagnosis is POTS.

Before the tilt table test, your provider should do a thorough workup to rule out other causes. This typically includes blood tests: a complete blood count, iron and ferritin levels, thyroid function, vitamin B12, and sometimes an autoimmune panel. An electrocardiogram (EKG) is standard to check your heart's rhythm. A 24-hour Holter monitor may be ordered to see your heart rate patterns throughout the day and night, which can also help distinguish POTS from other arrhythmias.

Not every provider is familiar with POTS. A cardiologist or neurologist who specializes in autonomic disorders is the best person to see. Many women find that their primary care provider can order the initial blood work and refer them to a specialist. If your provider is unfamiliar with POTS, bring a printed summary of the diagnostic criteria. The diagnostic criteria are clear and well established by medical consensus, so you have a right to be evaluated.

A normal echocardiogram, normal resting EKG, and normal blood work do not rule out POTS. Those tests rule out other problems. Many women with POTS have perfectly normal heart structure and normal blood counts. That is expected. Do not let a provider tell you that because those tests are normal, nothing is wrong. The tilt table test or active stand test is the specific test that looks for POTS.

KEY TAKEAWAYS

- ✓ A tilt table test is the gold standard for diagnosing POTS.
- ✓ Blood work should rule out anemia, thyroid disease, and vitamin deficiencies first.
- ✓ An EKG and Holter monitor check for other heart rhythm issues.
- ✓ A normal echocardiogram does not rule out POTS.
- ✓ See a cardiologist or neurologist who specializes in autonomic disorders if possible.



What to Say to Get the Referral

"My heart rate increases by more than 30 beats per minute when I stand, and I have symptoms of lightheadedness and fatigue. I would like a tilt table test or a referral to a specialist who treats POTS."

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Daily Strategies That Help Many Women (Lifestyle Foundations)



The single most impactful daily strategy for many women with POTS is increasing fluid and salt intake. Because blood pools in the legs, increasing blood volume helps push more blood upward and reduces the heart rate spike. Many women aim for about two to three liters of fluid per day. Adding salt, about three to five grams extra per day, helps the body retain that fluid. You can add salt to food, take salt tablets, or use electrolyte drinks that contain sodium. Always check with your provider before increasing salt, especially if you have high blood pressure or kidney issues.

Compression garments are another cornerstone. Wearing compression stockings that go up to the waist or

at least to the thighs helps physically prevent blood from pooling in the legs. They are not the most comfortable item, especially in warm weather, but many women find they make a noticeable difference in symptoms. Abdominal binders can also help because the abdomen holds a large volume of blood. These garments work by providing external pressure that supports blood vessel constriction.

Eating smaller, more frequent meals can help because large meals divert blood flow to the digestive system, which can worsen symptoms. Many women find that eating five or six small meals rather than three large ones keeps their energy more stable. Avoiding high-carbohydrate meals, which cause a rapid drop in blood pressure after eating, can also help. Focus on protein, healthy fats, and complex carbohydrates.

Sleep position matters. Sleeping with the head of the bed elevated by about four to six inches can help the body retain fluid overnight, reducing the morning heart rate spike. Some women use a wedge pillow or raise the head of their mattress with blocks. Getting out of bed slowly is also important. Sit up for a minute or two before standing. Pump your ankles and wiggle your toes while sitting to help move blood upward before you stand up fully.

KEY TAKEAWAYS

- ✓ Increase fluid to 2 to 3 liters per day and add 3 to 5 grams of extra salt (with provider approval).
- ✓ Compression stockings up to the waist or thigh help prevent blood pooling.
- ✓ Eat small, frequent meals and limit high-carbohydrate foods.
- ✓ Sleep with the head of the bed elevated and get up slowly.
- ✓ Always check with a provider before starting a high-salt regimen.



The Morning Routine

Before you get out of bed, sit up for one minute. Pump your ankles by pointing and flexing your feet. Then stand slowly. This simple sequence can reduce the morning heart rate spike.

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Exercise and POTS (How to Rebuild Without Crashing)



Exercise is a critical part of managing POTS long term, but it must be done carefully. Many women with POTS find that upright exercise, like walking or running, triggers severe symptoms and leads to a crash that lasts days. The key is to start with exercises that are done in a horizontal or semi-reclined position, where gravity does not work against you as much. Recumbent biking, rowing, swimming, and Pilates are excellent starting points.

The goal is to gradually condition the autonomic nervous system to handle upright posture. A program called the Levine Protocol, developed at the University of Texas Southwestern, is specifically designed for POTS. It starts with very short sessions of recumbent exercise, often just two to five minutes, and gradually increases duration and intensity over many weeks. Many women need to start at a pace that feels almost laughably easy, but pushing too hard too fast can trigger a relapse.

Consistency matters more than intensity. Exercising for a short time most days of the week is more effective than a longer workout once or twice a week. The autonomic nervous system learns and adapts slowly. It can take weeks or months of consistent training before you notice improvement. Patience is essential. Many women find they need to increase salt and fluid intake before and after exercise to support blood volume.

If you experience a flare or crash after exercise, that is a sign that you did too much too soon. Scale back the duration or intensity and rest until you recover. Listen to your body. Over time, many women are able to increase their capacity and even return to some upright activities. But some degree of exercise limitation may persist, and that is okay. The goal is to find a level of activity that supports your health without making you worse.

KEY TAKEAWAYS

- ✓ Start with horizontal or semi-reclined exercise like recumbent biking or swimming.
- ✓ The Levine Protocol is a gradual, specific exercise program for POTS.
- ✓ Consistency matters more than intensity; short daily sessions are best.
- ✓ Increase salt and fluid before and after exercise.
- ✓ If you crash after exercise, you did too much. Scale back and rest.



A Simple Start

Try five minutes of slow recumbent biking or gentle swimming. If that feels okay, do it daily for a week before increasing time. If it triggers a flare, start with two minutes.

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Medication and Medical Treatment Options



When lifestyle changes are not enough, medication can help manage POTS symptoms. No medication cures POTS, but several can significantly reduce the heart rate spike and improve daily function. The most commonly prescribed medication is a beta blocker, such as propranolol or metoprolol, which slows the heart rate. Some women use a very low dose, and it can be taken as needed before activities that trigger symptoms. Beta blockers can lower blood pressure, so they must be used carefully.

Fludrocortisone is a medication that helps the body retain salt and fluid, increasing blood volume. It is often used alongside a high-salt and high-fluid regimen. Midodrine is a medication that constricts blood vessels, directly counteracting the blood pooling problem. It is taken during the day and can be helpful for women who have significant lightheadedness or near-fainting. It can cause a tingling sensation on the scalp or

goosebumps, which is a common side effect.

Ivabradine is a newer medication that slows the heart rate without affecting blood pressure, making it a good option for women who cannot tolerate beta blockers. It is specifically approved for inappropriate sinus tachycardia but is sometimes used off-label for POTS. Pyridostigmine, a medication that improves nerve signaling, is another option for some women. The choice of medication depends on your specific symptoms, blood pressure, and other health factors.

It can take time to find the right medication and dose. Many women try several before finding one that works. Medication is often used in combination with lifestyle strategies, not as a replacement. A specialist in autonomic disorders can guide this process. Do not be discouraged if the first medication does not help or causes side effects. There are many options, and the right one can make a meaningful difference in your quality of life.

KEY TAKEAWAYS

- ✓ Beta blockers slow the heart rate and are often the first medication tried.
- ✓ Fludrocortisone increases blood volume by helping retain salt and fluid.
- ✓ Midodrine constricts blood vessels to reduce blood pooling.
- ✓ Ivabradine and pyridostigmine are other options for specific cases.
- ✓ Finding the right medication may take several attempts; a specialist can help.

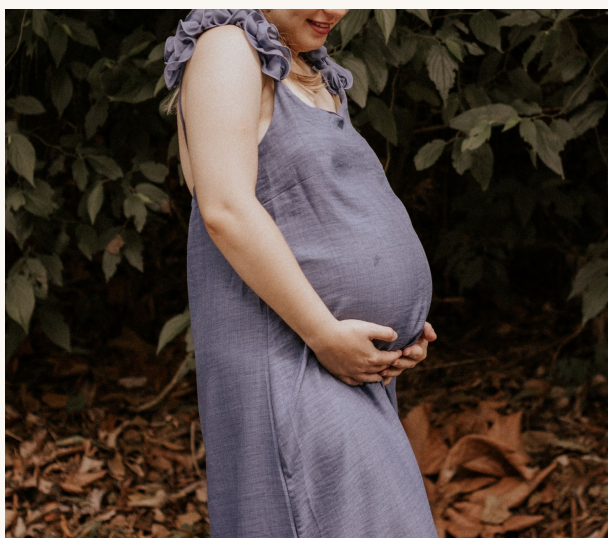


Ask Your Specialist

"Given my blood pressure and symptoms, which medication class would you recommend starting with, and what side effects should I watch for?"

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POTS Across Life Stages (Pregnancy, Menstrual Cycle, and Menopause)



POTS symptoms often fluctuate with hormonal changes. Many women report that their symptoms worsen in the week before their period, when progesterone is highest. Progesterone is a vasodilator, meaning it relaxes blood vessels, which can worsen blood pooling. Some women find that their heart rate is more reactive and their fatigue is deeper during the luteal phase of their cycle. Tracking your symptoms across your cycle can reveal this pattern and help you plan rest and activities accordingly.

Pregnancy is a complex time for women with POTS. Blood volume increases significantly during pregnancy, which can actually improve symptoms for some women. The extra fluid helps maintain blood pressure and reduces the heart rate spike. But pregnancy also places additional demands on the heart and circulatory system, and some women find their symptoms worsen, especially in the first trimester when blood volume has not yet fully expanded. Many women with POTS have healthy pregnancies, but it is important to work with a maternal-fetal medicine specialist or a high-risk obstetrician.

Menopause and the transition into it can change POTS symptoms. Estrogen has complex effects on blood vessel tone and the autonomic nervous system. Some women find that their POTS symptoms improve after menopause, while others find they worsen. The drop in progesterone after the final menstrual period may reduce vasodilation in some women, but the loss of estrogen can also affect blood vessel flexibility. There is no one pattern.

If you are considering hormone therapy for menopause symptoms, discuss it with your provider in the context of POTS. Some women find that low-dose estrogen therapy helps with autonomic symptoms, but the research is limited. The most important step is to track your symptoms across your cycle and across life stages so you can have data to share with your provider. Your experience is real, and it deserves to be taken seriously at every stage of life.

KEY TAKEAWAYS

- ✓ POTS symptoms often worsen before the period due to progesterone's vasodilating effect.
- ✓ Pregnancy can improve or worsen symptoms; work with a high-risk obstetrician.
- ✓ Menopause affects POTS differently for different women; estrogen and progesterone changes matter.
- ✓ Tracking symptoms across your cycle helps you identify patterns and plan ahead.
- ✓ Discuss hormone therapy with a provider who understands both POTS and menopause.

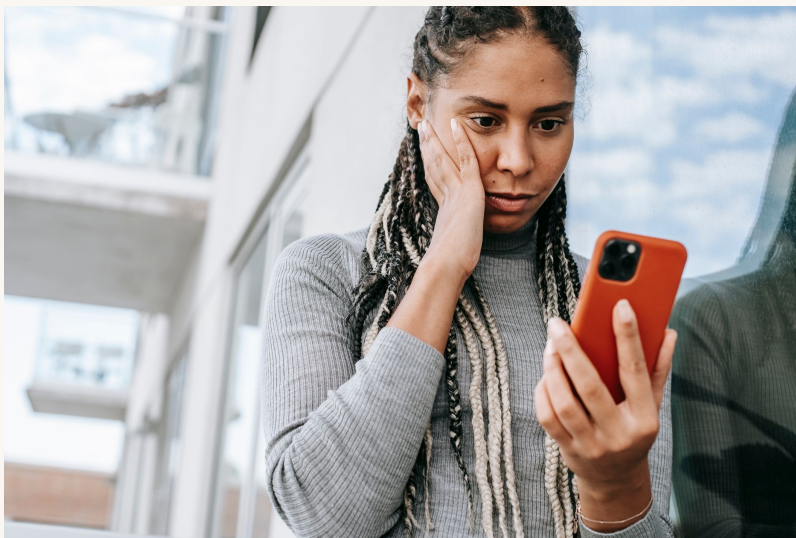


Cycle Tracking

Track your POTS symptoms alongside your cycle for three months. You may notice that the week before your period is consistently harder. This information is powerful to bring to your provider.

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Red Flags and When to Seek Immediate Care



While POTS itself is not life threatening, certain symptoms warrant immediate medical attention. If you faint and hit your head, if you have chest pain that feels different from your usual symptoms, or if you have difficulty breathing that is not relieved by lying down, seek emergency care. A heart rate that stays very high, above 160 beats per minute at rest, or a heart rate that is irregular or feels like it is fluttering or skipping beats, should also be evaluated.

New onset of seizures or convulsions, even if they look like fainting, requires urgent evaluation. Some women with POTS have what are called convulsive syncope, where the lack of blood flow to the brain causes jerking movements that look like a seizure. This is different from epilepsy, but it must be evaluated to

rule out other causes. If you have a sudden, severe headache, especially if it is worse when you are upright, that could be a sign of a cerebrospinal fluid leak, which can mimic POTS.

Feeling like you cannot catch your breath or that your throat is closing is not typical for POTS alone and should be assessed. If your symptoms change suddenly or become significantly worse than your baseline, especially after a head injury, a fall, or a new illness, see a provider. The same goes for any symptom that is new, severe, or frightening. Trust your instincts.

It can be tempting to downplay symptoms after years of being dismissed. But you know your body better than anyone. If something feels wrong, it is worth getting checked. Bring a list of your symptoms, when they started, and what makes them better or worse. Having that information ready helps you communicate clearly and gets you the care you need faster.

KEY TAKEAWAYS

- ✓ Seek emergency care for chest pain, difficulty breathing, fainting with head injury, or a very high or irregular heart rate at rest.
- ✓ New seizures or convulsions require urgent evaluation.
- ✓ A sudden severe headache worse when upright may indicate a CSF leak.
- ✓ Trust your instincts; if something feels different or wrong, get it checked.
- ✓ Bring a symptom list to the emergency room or urgent care to help providers understand your history.



ER Visit Prep

If you go to the emergency room, say: "I have a diagnosis of POTS or suspected POTS. My heart rate spikes when I stand. These symptoms are different from my usual baseline." That helps them take you seriously.

Your Symptom Tracker

Tracking your symptoms daily can help you and your provider see the real patterns behind POTS, especially how your heart rate, energy, and triggers shift over time.

How to read your tracker

- Note whether your heart rate jumps more than 30 beats per minute within 10 minutes of standing, and how long it takes to settle.
- Record what you ate and drank in the hours before a symptom flare, since meals can trigger blood pooling and a racing heart.
- Track where you are in your menstrual cycle, because many women with POTS find symptoms worsen just before or during their period.

Week of: _____

TRACK EACH DAY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Heart rate (sitting and then after 2 minutes standing)							
Dizziness or lightheadedness (0 to 10 scale)							
Energy level (1 to 10)							
Fluid intake (cups or liters)							
Salt intake (estimated or grams)							
Meal timing and content (what and when)							
Notes							

Three days is not enough on its own. Print one of these for each week and track at least two full cycles before your appointment. One cycle can be a fluke. Two is a pattern.

Take This to Your Provider

Bringing these questions to your appointment helps you and your provider work together toward a clear diagnosis and a plan that fits your life.



Before you book: screen the provider

Call the office and ask: When you call a new provider's office, ask: 'Does the doctor regularly diagnose and manage POTS or postural orthostatic tachycardia syndrome, or do they refer all such cases out?' If the answer is not a clear yes, find someone else before you wait months for an appointment.

MY MAIN SYMPTOMS

WHEN IT STARTED AND THE PATTERN

WHAT I HAVE ALREADY TRIED

QUESTIONS TO ASK

- What diagnostic criteria do you use for POTS, and do you perform or refer for a tilt table test or a NASA lean test?
- Could my symptoms be linked to an underlying condition like Ehlers-Danlos syndrome, an autoimmune disorder, or a previous viral infection?
- What are the first-line lifestyle changes you recommend, such as increased salt and fluid intake or compression garments?
- If I need medication, what options are available, and what are the potential side effects and benefits for someone my age?
- How do you monitor for conditions that can occur alongside POTS, like mast cell activation syndrome or small fiber neuropathy?
- Can you refer me to a specialist who has experience treating POTS, such as a cardiologist, neurologist, or dysautonomia clinic?

WHAT WE DECIDED AND NEXT STEPS

What to Say in the Room

Use these lines to help your doctor understand what you are experiencing and why you need a thorough evaluation.

When I stand up, my heart rate consistently jumps more than 30 beats per minute within ten minutes, and I feel lightheaded or like I might faint.

I have tracked my heart rate and symptoms for two weeks, and the pattern is clear: it happens every time I stand, not just when I feel anxious.

I have been told this might be anxiety, but these episodes happen even when I am calm and relaxed. Can we rule out a cardiovascular or autonomic cause?

I would like to be tested for POTS, either with a tilt table test or a NASA lean test. Can you order that or refer me to someone who can?

Are there any underlying conditions, like a recent viral infection or an autoimmune issue, that could explain why these symptoms started?

What lifestyle changes should I start now, like increasing salt and fluids or using compression stockings, while we wait for a diagnosis?

If they push back

IF THEY SAY	YOU CAN SAY
It is just anxiety or panic attacks.	I understand why you might think that, but my heart rate spikes specifically when I stand, not during emotional stress. I have tracked it, and it happens every time I change position. Can we do a standing heart rate test right now to see what happens?
Your vital signs look normal in the office.	That makes sense, because I was lying down during the exam. The problem happens when I stand up. Can we check my heart rate and blood pressure while I am lying down, then again after I have been standing for five or ten minutes?
You are just dehydrated or need to eat more.	I have tried increasing my fluids and salt, and while it helps a little, the symptoms still interfere with my daily life. I would like to have a tilt table test to get a clear diagnosis and rule out other causes.
This is normal for someone your age or body type.	I understand that some lightheadedness can happen, but my heart rate is jumping 40 or 50 beats per minute every time I stand, and I nearly faint several times a week. That is not normal for me, and I want to understand why.
We do not treat POTS here; you need a specialist.	I appreciate you being honest. Can you refer me to a cardiologist or neurologist who has experience with dysautonomia or POTS? I would also like a copy of my records and any tests you have done so far.

IF THEY SAY	YOU CAN SAY
There is no cure, so there is not much we can do.	I understand there is no cure, but many women find significant relief with lifestyle changes and medications. I would like to explore those options to improve my quality of life and reduce my risk of falls or fainting.

Plain-Language Glossary

POTS (Postural Orthostatic Tachycardia Syndrome)

A condition of the autonomic nervous system where heart rate increases abnormally (by 30 or more beats per minute in adults) within ten minutes of standing, without a significant drop in blood pressure, often causing dizziness, fatigue, and fainting.

Tilt table test

A diagnostic test where you lie on a table that tilts upright while your heart rate and blood pressure are monitored, to see how your body responds to the change in position.

NASA lean test

A simpler, in-office alternative to the tilt table test where you lie down, then stand and lean against a wall for up to ten minutes while heart rate and blood pressure are recorded.

Dysautonomia

A general term for disorders of the autonomic nervous system, which controls automatic functions like heart rate, blood pressure, digestion, and temperature regulation.

Autonomic nervous system

The part of the nervous system that regulates involuntary bodily functions, such as heart rate, breathing, digestion, and blood pressure, without conscious effort.

Blood pooling

A phenomenon in POTS where blood collects in the veins of the legs and lower body upon standing, reducing blood flow to the brain and triggering a rapid heart rate to compensate.

Small fiber neuropathy

Damage to the small nerve fibers that carry pain and temperature sensations and help regulate autonomic functions, a condition that can occur alongside POTS.

Mast cell activation syndrome (MCAS)

A condition where mast cells release too many chemical mediators, causing symptoms like flushing, hives, abdominal pain, and rapid heart rate, often overlapping with POTS.

Ehlers-Danlos syndrome (EDS)

A group of connective tissue disorders that can cause joint hypermobility, fragile skin, and blood vessel issues, frequently associated with POTS.

Compression garments

Tight-fitting clothing, such as stockings or abdominal binders, that apply pressure to the legs and core to help prevent blood pooling and reduce symptoms upon standing.

Orthostatic intolerance

The inability to remain upright comfortably due to symptoms like lightheadedness, rapid heart rate, or fainting that improve when lying down.

Splanchnic pooling

The accumulation of blood in the abdominal organs after eating, which can worsen POTS symptoms by reducing blood flow to the heart and brain.

What You Can Do at Home

These daily practices can help you manage symptoms and feel more stable, but they are supportive tools alongside medical care, not a replacement for it.

- **Increase fluid and salt intake**

Drink two to three liters of water or electrolyte-rich fluids daily, and add extra salt to meals or use salt tablets (after checking with your provider), to expand blood volume and reduce heart rate spikes.

- **Elevate the head of your bed**

Sleep with the head of your bed raised by four to six inches (using pillows or a wedge) to help your body adapt to upright posture and reduce morning dizziness.

- **Move slowly when changing positions**

When getting out of bed, sit up for a minute, dangle your legs, then stand slowly. This gives your autonomic nervous system time to adjust and can prevent fainting.

- **Use counter-pressure maneuvers**

If you feel lightheaded while standing, cross your legs, clench your buttocks and leg muscles, or squat down. These actions push blood back toward your heart and brain.

- **Avoid hot environments**

Hot showers, saunas, and warm weather cause blood vessels to dilate and worsen blood pooling. Take cooler showers and use a fan or cooling towel when outdoors.

- **Eat small, frequent meals**

Large meals, especially those high in carbohydrates, cause blood to pool in the digestive tract (splanchnic pooling), which can trigger symptoms. Eating smaller, more frequent meals with protein and healthy fats can help.

These are comfort and self-care measures, not treatments or cures, and they are not a substitute for care from a qualified provider.

Things That Can Help

These everyday items can make the hard days more manageable and help you feel a little more in control. They are tools for comfort and support, not cures.

- **Compression stockings (30-40 mmHg waist-high)**

[Shop on Amazon >](#)

These apply firm pressure to your legs and abdomen to prevent blood from pooling when you stand, which can reduce dizziness and heart rate spikes.

- **Electrolyte powder or tablets**

[Shop on Amazon >](#)

Adding electrolytes to your water helps your body retain fluid and maintain blood volume, which is key for managing POTS symptoms like fatigue and lightheadedness.

- **Cooling towel or neck fan**

[Shop on Amazon >](#)

Heat can worsen POTS by dilating blood vessels. A cooling towel or portable fan helps you stay comfortable and reduce symptom flares in warm environments.

- **Heart rate monitor watch or fitness tracker**

[Shop on Amazon >](#)

Tracking your heart rate throughout the day helps you see patterns, avoid triggers, and know when to rest before symptoms escalate.

- **Abdominal compression binder**

[Shop on Amazon >](#)

A binder worn around the midsection helps prevent blood from pooling in the abdomen after meals or during prolonged standing, easing symptoms.

- **Wedge pillow for sleeping**

[Shop on Amazon >](#)

Sleeping with your upper body slightly elevated helps your body adjust to upright posture and can reduce morning dizziness and fainting episodes.

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JOIN THE MOVEMENT

You Are Not Alone, and You Are Not Imagining This

For too long, women with POTS have been told their symptoms are just anxiety, just stress, just part of being a woman. You know the truth: your body is sending you a real signal, and it deserves real answers. When you track your heart rate, your symptoms, and your triggers over time with WOMO, you build an evidence trail that no provider can dismiss. You walk into appointments with your own data, you spot patterns before anyone else can, and you become the expert on your own body. You join a movement of women who refuse to be brushed off, who reclaim their health intelligence, and who support each other in getting the care they deserve. You are now first in line for the WOMO app, the bio-intelligence tool that helps you turn your body's signals into clear, actionable knowledge. Stay with us.

Sign up now to be among the first women to access WOMO and start tracking your way to answers.

We're listening now.

WOMO HEALTH

This guide is for educational purposes and does not replace medical advice. Always consult a trusted healthcare provider before making changes to your treatment plan.